

**STATE OF GEORGIA  
DEPARTMENT OF DRIVER SERVICES  
REGULATORY COMPLIANCE DIVISION  
2206 EAST VIEW PARKWAY – P.O. BOX 80447  
CONYERS, GA 30013**

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
Date Expires

**APPLICATION FOR RISK REDUCTION INSTRUCTOR CERTIFICATION**

1. Name: \_\_\_\_\_  
(last, first, middle)

2. Resident Address: \_\_\_\_\_  
(street, city, county, zip)

Mailing Address (if different): \_\_\_\_\_

3. Telephone Number: \_\_\_\_\_  
Home Business

4. Date of Birth: \_\_\_\_\_ 5. Social Security #: \_\_\_\_\_

6. Occupation: \_\_\_\_\_  
Employed By Position From/To (dates)

7. Name of Spouse: \_\_\_\_\_

8. Spouse's Occupation: \_\_\_\_\_  
Employed By Position From/To (dates)

9. Are you presently the owner or director of a Risk Reduction Program? ☐ Yes ☐ No

IF YES, NAME/LOCATION OF PROGRAM: \_\_\_\_\_

10. Have you made plans to be an instructor for any particular Program? ☐ Yes ☐ No

IF YES, WHICH PROGRAM? \_\_\_\_\_ LOCATION: \_\_\_\_\_

11. Are you a legal resident of the U.S.? ☐ Yes ☐ No  
(If not a resident, attach proof of legal residency)

12. Do you have a current Georgia Driver's License? ☐ Yes ☐ No

IF YES, INDICATE NUMBER OF YEARS LICENSED IN GEORGIA \_\_\_\_\_

Georgia Driver's License Number: \_\_\_\_\_

13. Have you ever been licensed in another state? ☐ Yes ☐ No

*IF YES, WHAT STATE?* \_\_\_\_\_ *HOW LONG?* \_\_\_\_\_

14. Have you had a driver's license revoked, suspended, cancelled or denied in Georgia, or in any other State in the last 3 years? ☐ Yes ☐ No

*IF YES, WHEN?* \_\_\_\_\_ *WHERE?* \_\_\_\_\_

15. Have you ever been arrested for any reason? ☐ Yes ☐ No

*IF YES, PLEASE COMPLETE THE FOLLOWING:*

Arrest Location(s)	Month/Year	Charge(s)	Disposition of Charge
1.			
2.			
3.			

16. Are there any proceedings currently pending against you relative to any crimes, misdemeanors or violations? ☐ Yes ☐ No

*IF YES, PLEASE PROVIDE DETAILS:* \_\_\_\_\_

17. Do you currently abuse alcohol or drugs or use any illegal drugs? ☐ Yes ☐ No

Have you ever been addicted to alcohol or drugs? ☐ Yes ☐ No

*IF YES, ARE YOU NOW TOTALLY ABSTINENT?* ☐ Yes ☐ No

How long have you been in recovery? \_\_\_\_\_

18. Have you been certified by Prevention Research Institute (PRI) to teach any of their alcohol/drug curricula? ☐ Yes ☐ No

*IF YES* \_\_\_\_\_  
Name of Curriculum Date

19. Have you ever been certified as an Owner or Director of a Risk Reduction Program certified by DDS? ☐ Yes ☐ No

*IF YES, NAME OF PROGRAM* \_\_\_\_\_

*DATES* \_\_\_\_\_

20. Have you previously filed an application to be an Owner, Director or Instructor in the Risk Reduction Program? ☐ Yes ☐ No

*IF YES, PLEASE INDICATE APPLICATION DATE AND NAME (IF DIFFERENT):* \_\_\_\_\_

\_\_\_\_\_

Application was: ☐ Approved ☐ Denied ☐ Withdrawn

Please provide details regarding previous application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Please describe experience you have had in professional teaching of adolescents or adults, alcohol or drug prevention or intervention or alcohol or drug counseling. Indicate length of service in description (*you may attach additional sheets if more space is needed*). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

22. EDUCATION (*you must provide transcript*)

Name of School/College	City/State	Field of Study/Major	Dates Attended ( To–From)	Diploma/Degree

Please indicate any specialized licenses or credentials you may have. [i.e., CAC certification].  
(Please attach copies of all credentials)

23. Why are you interested in becoming a certified Instructor for the DUI, Alcohol or Drug Use Risk Reduction Program?\_\_\_\_\_

## APPLICANT'S STATEMENT

This is to certify that I am applying for certification to be an Instructor for a certified DUI, Alcohol or Drug Use Risk Reduction Program and that all information contained on this application and the attached documents is true and correct. I have read the Rules and Regulations for the DUI, Alcohol or Drug Use Risk Reduction Program and understand that I am responsible for complying with all Program requirements. I authorize the investigation of all statements contained in this application as may be necessary for a decision regarding my certification eligibility.

I FURTHER UNDERSTAND AND AGREE TO COMPLY WITH THE FOLLOWING RULES:

1. No employee of the Georgia Department of Driver Services, nor any employee's spouse, dependent child, dependent stepchild or dependent adopted child shall be an Owner, Director, or Instructor in any DDS certified Risk Reduction Program.
2. No judge, probation officer, law enforcement officer, employee of a court or his or her spouse, dependent child or dependent stepchild shall be an Owner, Director, or Instructor in any DDS certified Risk Reduction Program.
3. No person shall own, direct or instruct in any DDS certified Risk Reduction Program for whom owning, directing, or instructing in a Program would pose an actual, potential, or apparent conflict of interest due to the existence of a fiduciary relationship with any student or offender or due to the existence of any other relationship that would place the Owner, Director, or Instructor in a position to exert undue influence, exploit, take undue advantage of, or breach the confidentiality of any student or offender.
4. I will maintain the confidentiality of all Program records including, but not limited to assessment results and other Program components. Records shall be confidential and shall not be released without the written consent of the student, except that such records shall be made available to DDS upon request.
5. I will refrain from abusing alcohol or other drugs, or from using illegal drugs.
6. I hereby authorize the release to DDS of any information necessary for the determination of my application for Instructor certification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE DENIAL OF YOUR APPLICATION OR THE CANCELLATION OF YOUR CERTIFICATION.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
(Seal Required)

**Georgia Department of Driver Services**  
2206 East View Parkway, P.O. Box 80447, Conyers, GA 30013

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			
<b>CONSENT FOR BACKGROUND INVESTIGATION</b>			
Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes      No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code
Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>			
Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>			
If you are now charged, under indictment, or have court hearings pending for any charges, give details below:			

I hereby apply for a Certificate (to operate a Commercial Truck Driving School and/or Driver Improvement School and/or Risk Reduction Program and/or to become an Instructor) to be issued by the Department of Driver Services (DDS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature	Date
<b>THIS CONSENT FORM MUST BE NOTARIZED</b>	
Subscribed to and sworn before me:	SEAL OR STAMP
<div style="display: flex; justify-content: space-between;"> <span>Notary Signature</span> <span>Date</span> </div>	
My commission expires:	
<b>Regulatory Compliance Division</b>	

**LIVE SCAN AUTOMATED FINGERPRINTING  
&  
APPLICANT FINGERPRINT CARDS**

**A F F I D A V I T**

To be completed by the Official taking fingerprints.  
Affidavit must be signed and dated.

**STATE OF GEORGIA**

**COUNTY OF** \_\_\_\_\_

**I do solemnly swear (or affirm) that the attached fingerprints are those of the applicant named herein:**

\_\_\_\_\_

\_\_\_\_\_  
Signature of Official Taking Fingerprints

\_\_\_\_\_  
Name of Above Official's Agency

\_\_\_\_\_  
Date of Fingerprinting

Live Scan Automated Fingerprinting: **The applicant will need to be given a printout showing the background results from the G.B.I. and the F.B.I.** If the Georgia Department of Driver Services' ORI Number is entered into the system, the applicant will receive a bill from our Department to cover fingerprint process charges. The applicant, or their employer, will be required to pay the charges.

**Georgia Department of Driver Services ORI Number: GA1220400 and Code 40-5-82.**

**Applicant Fingerprint Cards: If fingerprint cards are submitted to the Georgia Department of Driver Services, a \$26.00 fee, made payable to the G.B.I., is required. BEFORE SENDING IN THE FINGERPRINT CARDS, BE SURE TO FILL IN THE FOLLOWING ON THE FINGERPRINT CARDS:**

- |                                         |                                                 |
|-----------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Residence      | <input type="checkbox"/> Height                 |
| <input type="checkbox"/> Place of Birth | <input type="checkbox"/> Weight                 |
| <input type="checkbox"/> Nationality    | <input type="checkbox"/> Color of Hair          |
| <input type="checkbox"/> Age            | <input type="checkbox"/> Color of Eyes          |
| <input type="checkbox"/> Date of Birth  | <input type="checkbox"/> Social Security Number |
| <input type="checkbox"/> Race           | <input type="checkbox"/> Citizenship            |

The fingerprint card without the forgoing information will not be accepted.

# THREE OPTIONS TO COMPLETE BACKGROUND REQUIREMENTS

Applicants seeking to be licensed by the Regulatory Compliance Division are required to be fingerprinted for a background investigation. Licenses will not be issued by the division until the applicant's G.B.I. and F.B.I. background reports are received. Unless otherwise requested, applicants renewing school or instructor licenses are not required to be fingerprinted.

## **Option 1:**

**Applicant Fingerprint Cards:** applicants are required to be fingerprinted by a law enforcement agency (Sheriff or Police Department). Two (2) fingerprint cards and \$26.00 in certified funds (money order or cashier check), made payable to the G.B.I., must be submitted with the application.

Our department submits the fingerprint cards to the Georgia Crime Information Center (GCIC) for manual processing. Processing takes between 90 to 120 days and no licenses will be issued until the background reports are received from the G.B.I. and F.B.I. If fingerprint cards are rejected due to poor print quality, or any other reason, the applicant will be required to be re-fingerprinted and may be required to submit additional fees to cover fingerprint processing cost.

## **Option 2:**

**Live Scan Automated Fingerprinting conducted by DDS at the Conyers Headquarters:** Fingerprinting is conducted on Mondays from 9:00 a.m. to 3:00 p.m. Cost is \$49 in certified funds (money order or cashier check), made payable to DDS. Only applicants that have submitted an application, paid the \$49 fee and have contacted our department may have a Live Scan done. Background reports are usually completed within a few days of fingerprinting.

## **Option 3:**

**Live Scan Automated Fingerprinting by other Law Enforcement Agencies:** Automated fingerprinting may not be available in all communities, or for all individuals. Please check with your local law enforcement agencies. Agencies may require appointments for fingerprinting.

Applicants will need to request a printout showing the background results from the G.B.I. and the F.B.I. Reports are subject to review by the DDS Legal Division. Reports showing only G.B.I. information or criminal checks only will not be accepted. *Background reports contain personal information; please do not fax a copy to our office*

**Important Note:** If the fingerprinting official enters the Georgia Department of Driver Services' ORI Number into the system, the applicant will receive a bill from our Department to cover fingerprint process charges. *The applicant, or their employer, will be required to pay the charges even if payment was submitted at the time of fingerprinting.*

**All background reports are subject to review by the DDS Legal Division. Applicants will be requested to submit copies of depositions, pardons or other legal documents.**



## **Instructions for Risk Reduction Instructor Certification Application**

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank. A Notary Public must notarize this application.
2. Attach one (1) photograph showing a full view of the face, neck, shoulders, and uncovered head. The photograph must be taken within thirty (30) days of filing this application.
3. Fingerprint Cards, Affidavit and \$26.00 Fee **OR** Live Scan Report - see pages 7 and 8.
4. An official transcript of diploma from an accredited college, junior college, high school, or GED equivalent must accompany the application.
5. Documentation of your work experience. Relevant work experience must include the following:
  - a) at least two years of full-time work experience (20 hours per week or more) in classroom teaching of adolescents, along with a teaching degree in an academic subject, from an accredited college or university qualifying that individual to teach at the junior high, middle school or high school level; or
  - b) at least two years of full-time experience in classroom teaching of an academic subject for college credit to adults at the junior college, college or university level; or
  - c) at least two years of full-time work experience with adolescents or adults as an alcohol and drug prevention or intervention professional; or
  - d) at least two years of full-time work experience as a licensed substance abuse counselor with at least six (6) months of experience in group counseling or group facilitation. If not licensed, the counselor must hold a certification in substance abuse that is recognized by the department.
6. Complete the Consent for Background Investigation Form and have it notarized.

**You will be notified when your application is processed and you are eligible to attend New Instructor Training. New Instructor Training is conducted twice a year, usually in July and again in January. The total cost for the training is \$700.00 per person and includes an Instructor Manual and other materials required for program delivery.**

**Return the application and required attachments to:**

Department of Driver Services  
Regulatory Compliance Division  
2206 East View Parkway - P.O. Box 80447  
Conyers, Georgia 30013